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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			SCLOSURE	Filing Date	Concurrently Herewith	
			PPLICANT	First Named Inventor	Michael A. Killian	
				Art Unit	N/A 28(6	
			necessary)	Examiner Name	Not Yet Assigned	
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Examiner initials*	Cite No.1	Document Number Number-Kind Code ² (#known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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